

| AWARD CATEGORY | FOCUS AREA | DESCRIPTION | WHO CAN NOMINATE |
|---------------------------------------|---------------------|--|----------------------------|
| Hospital of the Year (Public/Private) | Healthcare Delivery | Overall excellence in patient care, clinical outcomes, operational efficiency, and leadership across hospital systems - private, public, or specialty chain. | Hospitals, hospital chains |

ELIGIBILITY CRITERIA

- The hospital, hospital group, public healthcare institution, or specialty hospital chain must have completed at least one year of operations in India as of March 31, 2026.
- The nomination must highlight initiatives, outcomes, or performance improvements implemented between April 1, 2024, and March 31, 2026.
- The applicant must provide evidence related to patient care quality, clinical outcomes, operational performance, service expansion, or leadership excellence within the Indian healthcare delivery ecosystem.

IMPORTANT RULES FOR PARTICIPATION

- All questions must be answered. Incomplete forms will be disqualified and not shown to the jury for evaluation.
- In case the applicant does not have an answer for any question, please mention 'Not Applicable' in that question.
- The final eligibility of the nominees is subject to the terms & conditions of the India HealthNext Awards 2026.

APPLICANT INFORMATION (FOR CORRESPONDENCE) *

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| Name of Applicant (should be the authorized signatory) | |
| Designation | |
| Mobile Number | |
| Email ID | |

COMPANY / ORGANIZATION GENERAL INFORMATION *

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| Name of the Organisation (same will appear on the trophy) | |
| Date of Incorporation / Registration | (DD/MM/YYYY) |
| Registered office address | City: _____ State: _____ Pin code: _____ |
| Corporate / Group / Parent company to which the participating entity belongs, if any | |
| Organisation Type (Please select one) | <input type="radio"/> Hospital / Healthcare Provider <input type="radio"/> Healthcare Company / Manufacturer <input type="radio"/> HealthTech / Digital Health Company <input type="radio"/> Diagnostic / Laboratory Network <input type="radio"/> NGO / Government Body / Institution <input type="radio"/> Others - Please specify: _____ |
| Company website | |
| Contact details | Telephone: _____ Email: _____ |

CASE STUDY: ANSWER ALL QUESTIONS IN MAXIMUM 250 WORDS *

(MENTION DETAILS IMPLEMENTED BETWEEN APRIL 1, 2024 - MARCH 31, 2026)

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| Name of the hospital / hospital system (in not more than 50 words) | |
| Period during which the nominated initiatives were implemented | (DD/MM/YYYY or period) |
| Hospital Type (Please select one) | <input type="radio"/> Public Hospital <input type="radio"/> Private Hospital <input type="radio"/> Specialty Hospital <input type="radio"/> Hospital Chain / Network <input type="radio"/> Others - Please specify: _____ |
| Number of beds / facilities covered | |
| Primary location(s) covered | |

1. Describe the hospital or hospital system and the key parameters that demonstrate excellence in patient care, clinical outcomes, operational efficiency, and leadership.

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2. Highlight measurable achievements such as patient volume, treatment outcomes, service quality, patient safety, technology adoption, accreditation, turnaround time, or patient satisfaction improvements.

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3. Explain the hospital's long-term contribution to healthcare delivery in India, including access improvement, specialty care development, workforce strengthening, or patient-centric initiatives.

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SUPPORTING DOCUMENTATION PROVIDED ALONG WITH THE APPLICATION

| S No. | Document Name | Description of document |
|-------|--|-------------------------|
| 1 | Incorporation / registration / hospital license certificate * | |
| 2 | Accreditation certificates, if applicable (NABH, JCI, ISO, etc.) * | |
| 3 | Evidence of clinical outcomes, patient satisfaction, operational performance, or service expansion * | |
| 4 | Awards / citations / recognitions (if any) | |
| 5 | Other supporting documents (if any) | |

DECLARATION BY THE APPLICANT *

I declare that the information provided in this application form is correct, accurate and pertains to my business / organization / nominated initiative. I agree to abide by the rules and regulations of participation.

| | |
|---------------------------------|--|
| Name | |
| Designation | |
| Date | |
| Signature / Company Seal | |